

10F1A

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 MAR 22 AM 7:16  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

I AM DYSLLEXIA LLC

ADDRESS (number and street)

14318 COSETTE WAY N

Check if different than previously reported. (ACC)

HUGO

MN

55038-4940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00586768

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☒ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)  
☐ Mar 20 (M3)  
☐ Apr 20 (M4)

- ☐ May 20 (M5)  
☐ Jun 20 (M6)  
☐ Jul 20 (M7)

- ☐ Aug 20 (M8)  
☐ Sep 20 (M9)  
☐ Oct 20 (M10)

- ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P)  
☐ Convention (12C)

- ☐ General (12G)  
☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

07 / 01 / 2015

through

12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOSE BERGER

Signature of Treasurer

[Signature]

Date

03 / 17 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2 of 19

Write or Type Committee Name

Report Covering the Period:

From:

07 / 01 / 2015

To:

12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		47010
(b) Cash on Hand at Beginning of Reporting Period.....	47010	
(c) Total Receipts (from Line 19) .....	1087202	1087202
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1134212	1134212
7. Total Disbursements (from Line 31).....	516586	516586
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	618126	618126
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 of 1A

## **II. Disbursements**

### **COLUMN A** Total This Period

### **COLUMN B** Calendar Year-to-Date

21. Operating Expenditures:  
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(i) Federal Share .....

(ii) Non-Federal Share .....

(b) Other Federal Operating Expenditures .....

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

22. Transfers to Affiliated/Other Party Committees .....

23. Contributions to Federal Candidates/Committees and Other Political Committees .....

24. Independent Expenditures (use Schedule E) .....

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....

26. Loan Repayments Made .....

27. Loans Made .....

28. Refunds of Contributions To:  
(a) Individuals/Persons Other Than Political Committees .....

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....

29. Other Disbursements .....

30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share .....

(b) Federal Election Activity Paid Entirely With Federal Funds .....

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....



482552

516586


















516586


516586



482552

516586


















516586


516586

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5 **0-14**

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1087702	1087702
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1087702	1087702
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	516586	516586
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	516586	516586

2019-03-22 08:00:00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

I AM Dyslexia LLC

Full Name (Last, First, Middle Initial)

A. SUZANNE BOWERS

Mailing Address

100 N Washington St. Ste 2234

City State Zip Code

Falls Church VA 22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEATE

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08/20/2015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. OAKWOOD SCHOOL

Mailing Address

7210 BRADDOCK RD

City State Zip Code

ANNANDALE VA 22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09/03/2015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. SUSAN DANKER

Mailing Address

14602 BATTERY ROAD LN

City State Zip Code

Centreville MD 20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memory & Language Learning OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09/29/2015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1,000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 2 OF 4	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

I AM DYSLEXIA LLC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FERMINELLA

Mailing Address

1121 ORMING CT

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

MEDIMMUNELLE

Occupation

VP HR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

10/06/2015

Amount of Each Receipt this Period

25000

B. Full Name (Last, First, Middle Initial)

NATALIE HIBIG

Mailing Address

4514 W PENTENWELL W

City

SOUTH JORDAN

State

UT

Zip Code

84009

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SBA Complete

Occupation

SBA UNDERWRITER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

10/13/2015

Amount of Each Receipt this Period

30000

C. Full Name (Last, First, Middle Initial)

REBECCA TAX

Mailing Address

100 N. WASHINGTON ST.

City

FALLS CHURCH

State

VA

Zip Code

22046

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

09/04/2015

Amount of Each Receipt this Period

25000

SUBTOTAL of Receipts This Page (optional).....▶

80000

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 OF 14	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

I Am Dyslexia LLC

Full Name (Last, First, Middle Initial)

A. WILSON LANGUAGE TRAINING CORP

Mailing Address

47 OLD WINDSOR RD.

City

Oxford

State

MA

Zip Code

01540

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 ' 06 ' 2015

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. TINELE Kuglin

Mailing Address

10364 Bolony Creek Rd

City

Maple Grove

State

MIN

Zip Code

55369

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

09 ' 29 ' 2015

Amount of Each Receipt this Period

372.00

Full Name (Last, First, Middle Initial)

C. RUN SIGN UP

Mailing Address

200 Mill St, Ste 200

City

Woodstown

State

NJ

Zip Code

08051

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5020.00

Date of Receipt

09 ' 29 ' 2015

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional).....▶

2970.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 9 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

I AM Dyslexia LLC

A. Full Name (Last, First, Middle Initial)  
 Dan Sign Up  
 Mailing Address  
 300 Mill St, Ste 200  
 City  
 Moorestown State  
 NJ Zip Code  
 08054  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer  
 Occupation  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ☐ Aggregate Year-to-Date  
 5020.00

Date of Receipt

09/30/2015

Amount of Each Receipt this Period

480.00

B. Full Name (Last, First, Middle Initial)  
 Dan Sign Up  
 Mailing Address  
 300 Mill St, Ste 200  
 City  
 Moorestown State  
 NJ Zip Code  
 08054  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer  
 Occupation  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ☐ Aggregate Year-to-Date  
 5020.00

Date of Receipt

10/06/2015

Amount of Each Receipt this Period

1085.00

C. Full Name (Last, First, Middle Initial)  
 Dan Sign Up  
 Mailing Address  
 300 Mill St, Ste 200  
 City  
 Moorestown State  
 NJ Zip Code  
 08054  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer  
 Occupation  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ☐ Aggregate Year-to-Date  
 5020.00

Date of Receipt

10/15/2015

Amount of Each Receipt this Period

1530.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3095.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 0 OF 4

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

I Am Business LLC

Full Name (Last, First, Middle Initial)

A. RUN SIGN UP

Mailing Address

300 Mill St, Ste 200

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502000

Date of Receipt

10 / 19 / 2015

Amount of Each Receipt this Period

98500

Full Name (Last, First, Middle Initial)

B. RUN SIGN UP

Mailing Address

300 Mill St, Ste 200

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502000

Date of Receipt

10 / 19 / 2015

Amount of Each Receipt this Period

46500

Full Name (Last, First, Middle Initial)

C. LFMW, INC

Mailing Address

1321 Leslie Ave

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

134000

Date of Receipt

09 / 09 / 2015

Amount of Each Receipt this Period

100000

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

245000

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 11 OF 14	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

I Am Dyslexia LLC

Full Name (Last, First, Middle Initial)

A. LFMW, INC

Mailing Address

1321 Leslie Ave

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

10/26/2015

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

B. EAGLE BANK

Mailing Address

4815 Woodmont Ave

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09/09/2015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DC 2DA

Mailing Address

501 McArthur Dr.

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09/29/2015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

840.00

TOTAL This Period (last page this line number only).....▶

8982.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

I AM DYSLEXIA LLC

Full Name (Last, First, Middle Initial)

A. Autibrine.NET

Mailing Address

PO Box 8999

City

SAN FRANCISCO

State

CA

Zip Code

94128

Purpose of Disbursement

CREDIT CARD FEES

Candidate Name



Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

01 / 03 / 2013

Amount of Each Disbursement this Period

2500

B. Full Name (Last, First, Middle Initial)

Fairfax County Park Authority

Mailing Address

12055 Government Center Pkwy

City

Fairfax

State

VA

Zip Code

22035

Purpose of Disbursement

Park Renovation

Candidate Name



Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

10 / 26 / 2015

Amount of Each Disbursement this Period

21031

C. Full Name (Last, First, Middle Initial)

Lisa Irons

Mailing Address

1219 Timber Ln

City

Fairfax County VA

State

VA

Zip Code

22046

Purpose of Disbursement

Office Supplies

Candidate Name



Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

10 / 26 / 2015

Amount of Each Disbursement this Period

24600

SUBTOTAL of Disbursements This Page (optional).....▶

48131

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **13** OF **19**

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. **NOVA Race Timing**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**001**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**10 / 26 / 2015**

Amount of Each Disbursement this Period

**887.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **SHANNON DUNCAN**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**001**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**10 / 26 / 2015**

Amount of Each Disbursement this Period

**2039.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **KAREN MARTINEN**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**001**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**10 / 26 / 2015**

Amount of Each Disbursement this Period

**6793**

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2015-01-22 10:00:00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. KAROL ATKINSON

Date of Disbursement

11 / 17 / 2015

Mailing Address

City State Zip Code

Purpose of Disbursement



Candidate Name

Amount of Each Disbursement this Period

418.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. JOSH BERGER

Date of Disbursement

11 / 17 / 2015

Mailing Address

City State Zip Code

Purpose of Disbursement



Candidate Name

Amount of Each Disbursement this Period

9122.8

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Autize NE

Date of Disbursement

12 / 02 / 2015

Mailing Address

City State Zip Code

Purpose of Disbursement



Candidate Name

Amount of Each Disbursement this Period

25.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

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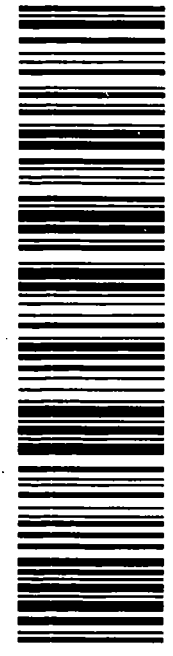
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